The MEDICAL MISSIONARY

CAUSA NOSTRAE LAETITIAE

Vol. I. MARCH, 1928 No. 6

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

Foundation and Approbation: The Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Reverend Michael J. Curley, D.D., Archbishop of Baltimore.

Purpose and Field: The purpose of this Society is to render medical aid, no disease or condition being excepted, to Christians and non-Christians in the officially recognized foreign Mission countries of the world.

Nature of Work: The vocation of a *Medical Missionary* is a combination of spiritual and corporal works of mercy. Having access by means of her profession, as Doctor or Nurse, to many with whom no other Missionaries can come in contact, she is afforded numerous opportunities to instruct the sick and their relatives in our Holy Religion, assist the dying, and to baptize infants in danger of death. By her charitable ministrations, she wins the love and confidence of the people and is thus enabled to break down prejudice and superstition, and prepare the way for their reception of the truth.

Scope of Work: The scope of the Medical work includes the provision and equipment of mission hospitals and dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums and caravan dispensaries, which bring medical aid from village to village, also obstetrical work and visiting the sick in their homes which are of primary necessity in mission countries.

Nature of the Society: The members of the Society live in community, in the spirit of the evangelical counsels. After one year of probation, which is devoted to spiritual and missionary training, the candidates solemnly promise to keep the Constitutions and they pledge themselves, by oath, to remain in the Society for three years, to go without delay to any region or place whither they are sent by the Superior of the Society and to accept any employment assigned to them.

The Solemn Promise and Oath are renewed after three years for another period of three years, after which they are taken for life.

As members receive no salary, the Society makes provision for their maintenance in the same manner as other religious communities.

First Hospital: The first hospital opened by the Society of Catholic Medical Missionaries is located in the native city of Rawalpindi, Punjab, India, in the Mill-Hill Prefecture Apostolic of Kashmir and Kafristan, where the Mohammedan and high caste Hindu women are still strictly secluded and can only avail themselves of medical aid by women. Three of the pioneers of the Society are in charge of this Hospital, which was dedicated on December 14, 1927.

We will be pleased to hear from any women doctors or nurses who are interested in Medical Mission work and who would be willing to devote their lives and profession to this missionary work.

As the Medical Apostolate in Foreign Mission countries entails many-sided activities, there is full scope for every talent. Non-medical Members can contribute to it greatly by social service, secretarial work, journalism, housekeeping, etc. Address:

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HOLY FAMILY HOSPITAL, RAWALPINDI CITY, PUNJAB, INDIA

The MEDICAL MISSIONARY

Published with ecclesiastical approbation monthly (except June and July) by the Society of Catholic Medical Missionaries, Inc., Brookland, Washington, D. C., in the interest of Medical Missions and Women of the Orient. Editor: Dr. Anna Dengel

EDITORIALS

"CAUSE OF OUR JOY"

THE Feast of the Annunciation (March 25th) is our Patronal Feast, the Society of Catholic Medical Missionaries being dedicated to Our Lady under the title: *"Cause of our Joy."* By Her *Fiat* she accepted the Motherhood of God and thus became the Cause of our Joy, bringing the Saviour into the world.

The writer once heard a speculative sermon on what would have happened if Our Lady had refused. It is hard to imagine. Perhaps a missionary who has lived among people who never yet have experienced the influence of Our Blessed Mother with the Divine Child in her arms, might form a faint picture. At least a missionary has a better opportunity than people who grow up and live all their lives in an atmosphere of Christian civilization to realize how much we owe to Her, the Mother of God, the Queen of all Saints. Is She not an everlasting inspiration and model of purity and humility to all women!

She, the Channel of all graces, the Refuge of sinners, the Health of the sick, the Comforter of the afflicted, the Seat of wisdom, is She not well and beautifully called by the Church: the Cause of Our Joy!

Who would refuse to have such a Mother; yet many there are who do not claim her, because they do not even know her. What a pity! How can the millions and millions of women of the Orient reach true and safe freedom without Her virtue as a model and Her help as a mantle of protection. May She—the Cause of *our* Joy—also become *theirs*. This is the aim of our *work*.

A SURE WAY

Several years ago a Missionary Archbishop wrote to me: "We would all like Medical Missions, but we have not the means for them." Ever since, this particular sentence often came to my mind with the desire of course to *find* the means.

Medical Missions being a combination of spiritual and corporal works of mercy, require God's help and that can be obtained infallibly by prayer. "Ask and you shall receive, knock and it shall be opened to you." God's help is needed to inspire men and women to make the sacrifice of home and country and put their profession of healing in the service of God, to do as Our Lord did when on earth, to lessen pain and sorrow, to console and to cheer, to draw people to Him by love. Our Lord did it by miracles. We can only use the ordinary means at our disposal; but in our day and age, they are so numerous and perfected in many ways, that with proper knowledge and experience much suffering can be alleviated and prevented. Of course, the human means have to be provided. Hospitals and dispensaries have to be built and equipped, Missionaries sent to the field and maintained, patients treated, fed and clothed, training schools for native workers established and many other inevitable expenses incurred. God's help is required to stir hearts to generosity, sacrifice, gratitude and to a desire of sharing with others the gifts of soul and body.

From the time of Our Lord to our day, Holy Mother Church has shown a tender love for the sick and suffering. It must be so, otherwise, the law of charity would not be fulfilled.

With the constant progress of Medical Science, the easy communication to all parts of the world, the more ready accessibility of people, their desire for guidance and help along Medical lines, the awakening consciousness of the advantage of certain new ways over the old, these and other factors combined, open a whole big world of opportunities of serving God and helping man. That the harvest is ripe is easily seen from the many appeals for workers, and the many sided efforts to supply them.

Even to a young Society like ours come letters describing the urgent need and the opportunities for doing good and asking to send doctors and nurses.

These letters act like a whip, driving one to do something. Human words are as powerless as steel magnets, when it comes to draw vocations and alms for God's work, but an inspiration of grace can do both and so well, that the giver of his life or of his goods is even eager to do it. Therefore what will promote Medical Missions more than *prayer* that pierces the clouds?

A Resolution! To get at least one new subscriber for "The Medical Missionary" in March.

THE HEALTH OF MISSIONARIES

By MARGARET LAMONT, M.D., *Lond.*

PROBABLY the first doctors who left civilization in connection with mission work did so far more with a view to maintaining the actual (clerical) missionary in health than with the direct object of themselves evangelizing the heathen in hospitals and dispensaries. This last began with the nineteenth century. It was the frightful loss of life among North African and Abyssinian missionaries (Protestant) which led to doctors being attached to their body, but doctors, be it understood, like-minded religiously. The three doctors who went out with the Paris Foreign Mission to China in the seventeenth century certainly were taken with the same object. It is largely the same necessity, no doubt, which has led to some modern Catholic Missions attaching doctors in one capacity or another to their body. Besides treating the sick, and using preventive measures the doctor teaches Europeans how to live in the Orient with the minimum of risk.

MARGARET LAMONT, M. D., LOND.

Occasionally women doctors serve the purpose of maintaining the health of the mission, not so much because the doctors *must* be women, as because men have in certain places not been forthcoming or not in sufficient numbers. The idea that medical women can only minister to certain distinctive troubles of womankind is of course exploded. Still the woman doctor is *most* needed in places where the custom of secluding native women brings it about that they must have a sister's help or none.

It is to be understood that where disease was rife, and at the same time the chance of martyrdom great, it often seemed almost needless to take out doctors. The Catholic missionaries that first went out to China largely took that view. In Manchuria Catholics have lost lately as many as 40 percent of their missionaries, not from martyrdom or war so much as from disease of a preventable nature, such as the typhus from which the saintly Sister Maria Assunta, F.M.M., died. This disease was once very prevalent in Europe among ill-fed and crowded populations. It was also called gaol fever and hunger fever. It was horribly rife during the war especially in the Near East, being spread by the vermin common in ignorant and poverty stricken populations. Smallpox exists in India in spite of vaccination regulations, and in China one may dismount to look at a pagoda and have to push past Chinese in the virulently infectious stage, in order to regain one's vehicle. In the writer's family 3 out of 4 have had it, in spite of repeated vaccinations. Plague, of course, is nowadays all but limited to the Orient, any outbreaks in Western ports being at once stamped out by vigilant port authorities. It is spread by the rat flea and guarded against by inoculations with Haffkine's prophylactic made in great quantities at a laboratory in Bombay, founded by him.

Another great cause of early death among Europeans in the Orient has been enteric and other diseases due to polluted water supply, especially cholera and dysentery. These are of course preventible, and by this time the good Indian or Chinese European-trained house boy distrusts the best of filters and declares, "must be boiled." The poor missionary, however, can not afford really good servants. The mosquito, though more insidious, is perhaps the deadliest foe of all. Malaria may take years to kill, but in the meantime lowers working power to a deplorable extent. Other diseases besides are due to this insect, for instance dengue. Both of these diseases, and also chronic dysentery enfeeble the mind as well as the body, and the kind of malaria known as malignant, especially so. The patient needs quinine injections from skilled hands, and at least a temporary but prolonged removal from a mosquito zone. Naturally as engineers work side by side with doctors, the stagnant water, in which mosquitoes delight to leave their larvae, is removed and the health of all improves enormously. This was first demonstrated in Panama. Eastern populations are usually poor, and in addition their ignorance is frequently bound up with their religion, so that to attack one is to attack the other.

Now the Catholic Priest runs most especial dangers as is well known, from all epidemics, by direct contagion from the sick and dying. But in addition, he is most liable on the Missions, from

his extreme poverty. He is seldom well housed, and does not recruit enough at health stations. Drainage of even his garden or "compound" means labor and money, and the priest's servant is naturally rarely one of the best for he can not be well paid. The mosquito can be kept at bay by curtains and above all by electric fans. These may at rare intervals be seen in very measured quantity in large churches and clergy-houses in our Town Missions. Now it should be one privilege of the doctor to show faithful Catholics at home, how they can approximately ensure the safety of their front line, their mission priests. The nuns who itinerate on works of mercy, such as the Catechists of South India, are also exposed to many of the same dangers, and tuberculosis is rife in the shut up zenanas which they visit. Ready access to a doctor with hypodermics of quinine at hand is of immense advantage, and so is a knowledge of dietetics, and of the necessity to press the essential character of nourishing food. As this desiderates money, the doctor should make a good beggar for his whole Mission. Actual heat is trying, but it is the insects and bacterial pests that are the real danger.

The advance of mental medicine is largely due to the recognition that many diseases which seem to pass away have left an enfeeblement of some cerebral or nervous tract. It is being gradually recognized both in India and China that Mental Hospitals are essential with a view to rapid cure of recent cases, due to septic poisoning or insect infection of one sort or another. The doctor is increasingly becoming a most important adjunct to a Mission, for the sake of the other Missionaries quite as much as of the Native Christian and the non-Christian population. With regard to the many splendid missionaries who like St. Francis Xavier, patron of the Eastern Hemisphere, have died of disease not martyrdom, after a bare ten years of actual evangelization, one feels today, when so many recent discoveries have made medicine so hopeful, that of further and *nowadays unnecessary* deaths, we shall have often to say in future, "C'est magnifique, mais ce n'est pas la guerre." It is magnificent courage and devotion but it is short sighted. St. Paul dealt with the same problem when he said, "To depart and be with Christ is far better, but to abide in the flesh is more needful for you," i. e. the flock of Christ and others "not of this fold."

MEDICAL MISSION NOTES

LEAGUE OF HEALTH MEETS IN INDIA

From January 1st to February 18th a group of Medical officers on a study tour organized by the League of Health met in different cities in India in order to study the organization of the Medical Service and its statistical services and Medical institutes, epidemic diseases and plague, cholera, smallpox, kalaazar, malaria, etc., rural sanitation and drinking water supplies, medical research work and the diseases which are special to India.

This work is conducted under the auspices and with the help of the Indian Medical authorities by medical officers selected from nominees proposed by the health administration of Australia, Ceylon, the Dutch East Indies, the Federated Malay States, Indo-China, Japan, New Zealand, Siam and the Straits Settlements.

The purpose of these study tours, called "interchanges," which were started in 1922 with the help of a grant from the International Health Division of the Rockefeller Foundation, is not only to enable the medical officers taking part in such study tours to benefit by the technical knowledge gained, but also to establish personal contacts and bonds of confidence and understanding between the national health administrations which are called upon increasingly to cooperate in their common task of combating disease and raising the standards of health and longevity.

MEDICAL MISSION SOCIOLOGY

At the Catholic African Social Course held at the Lourdes Mission after Christmas, Dr. R. F. McMurtrie, who is in charge of the Mariannhill Medical Mission in Natal, delivered five lectures in the presence of two hundred teachers on: "The Prevention of Diseases in Native Homes." Dr. McMurtrie seems to possess a happy faculty of initiative and splendid cooperation, which are so valuable in the mission field.

BOOKS OF INTEREST TO MISSIONARIES

"Prevention of Disease and Care of the Sick," including "First Aid to the Injured," by W. G. Stimpson, M.D., and M. H. Foster, A.M., M.D. Published by the Treasury Department, U. S. Public Health Service, Washington, D. C., 75 cents.

Interesting Replies to *Mother India*. Rev. E. J. Hull, S.J., publishes in the *Bombay Examiner* a series of articles sieving *Mother India* in the light of statistics and many years of experience in the country.

"A Son of Mother India Answers," by Dhan Gopal Mukerji, E. P. Dutton & Company, New York.

Dr. Margaret Lamont lives with her family in Durban, South Africa. Dr. Lamont has advocated, written about and generally interested herself in medical missions ever since she is a doctor. She practiced medicine in India, Mesopotamia, China, and Africa, and, therefore, knows the conditions and needs of these countries. Her experience, energy and unshakable faith in the good of medical missions are such that we can look forward to many more illuminating articles from her pen.

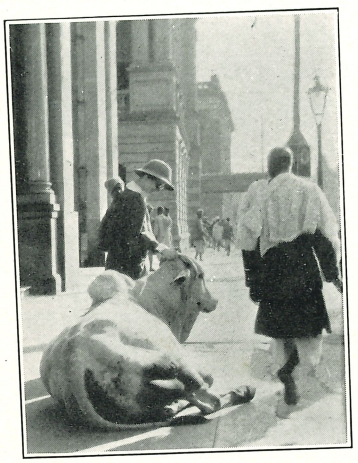
THE SOCIETY ABROAD

JANUARY 18th Dr. Lyons writes: "We are ready to begin work on February 2nd. We planned to have the hospital open for inspection four days beforehand, so that Indian men also can see it; they are more persuadable than women.

"We shall make a novena in preparation and ask each priest of the Prefecture to say a Mass for the success of the house. We plan to have the Catholic Indians come here for Benediction and salaam the Prefect Apostolic for providing them with a place to go to Church (our Hospital Chapel) and a priest for themselves.

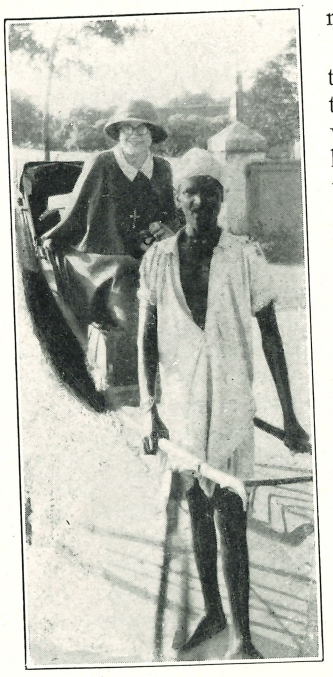
"Monsignor Winckley is better. He has not seen the building for two months; after all his efforts he will be glad to see the work started.

Sister Agnes Marie and Sister M. Laetitia sent a detailed and interesting diary of their trip from Ceylon, the 'Pearl of the Orient,' to Rawalpindi, their new home at the foot of the Himalayas. They met many beautiful and also strange sights and are convinced that India can be rightly called a land of contrast. Thanks to the hospitality of the Franciscan Missionaries of Mary, the Presentation Sisters of Madras and the Loretto Sisters of Calcutta, they were able to make the most of the trip and combine the pleasant with the useful. In Madras they had the privilege of an interview with His Grace, Archbishop Aelen.



SR. M. LAETITIA MAKING FRIENDS WITH A SACRED COW IN ONE OF THE MAIN STREETS OF CALCUTTA

Traveling through Colombo, Madras, Calcutta, Benares, Agra, Delhi, they visited the main medical institutions and were very much impressed with the size, equipment and management of the Government and Mission hospitals in the big cities. They did not come across *one* Catholic Hospital on that route and were jokingly asked in several places not to proceed any further but start work right on the spot! They also visited a leper asylum and were delighted to see several patients on the point of being discharged, after a two years treatment. There was no apparent trace of the disease left. Of course, they remarked, those who come under treatment only when the disease is far advanced can not be cured. In the asylum which they visited, the doctor in charge told them that leprosy is usually associated with some other disease, such as kalaazar, tuberculosis, etc. The doctor in charge also mentioned that for every Rupee (37½ cents) given by a Benefactor to the institution, the Government gives one Rupee.



SR. AGNES MARIE IN A COLOMBO RICKSHAW

The Sisters were surprised to see so many crows, having, so to say, carte blanche everywhere. They were also amused at the monkeys, some of which even came into the train with their little ones.

In Benares, the Holy City of the Hindus, they went to see several temples. They admired the carvings in the interior of some of them but not the Gods, nor the statues of cows or real cows or both in them. They were allowed to look in from a verandah, or in another a slit thru the wall, but never permitted to step in.

In Agra, the Taj Mahal was of course the main attraction. It is the world's most eloquent expression of the luxury of grief. The Agra Fort is a great complex of buildings. In one of the palaces they were startled when seeing themselves reflected thousands of times in the Hall of Mirrors, containing innumerable tiny mirrors about the size of a cent, which when lit by a colored flare produces a gorgeous effect. In another spot, there are two little stones set in the wall about the size of an apple pip, in which the whole building of the Taj Mahal is reflected from across the river.

In Agra they stayed with Baptist Missionaries who were extremely kind. They are doing some very good work. They go from house to house teaching purdah women to read and write in their own language. Our sisters remarked: 'Imagine the patience required to teach one at a time.' As newcomers they have to learn yet that missionary work in India is very slow and to a great extent dependent on individual contact.

In Delhi they met the Capuchin Fathers who very kindly showed them the wonderful new capital of the great Indian Empire. On December 22nd they were glad when the train stopped in Rawalpindi, and to be welcomed by one of the *family*. At Christmas they had Midnight Mass, celebrated for the first time in the history of the native city. The congregation consisted of 80 native Catholics, all residents of the neigh-

(*Continued on page 7*)

PRECIOUS LIVES

Our Holy Father, Pope Pius XI, when viewing the scientific exhibits of the Missionary Exhibition at the Vatican in 1925, said: "We are living in times when unenlightened heroism is not enough."

One of the results of the Medical part of the above named exhibition is a book entitled: La Mortalita dei Missionari, published by the University of the Sacred Heart, Milan.

In the *"Week"* it is stated "that it is not an arid collection of diagrams and figures, but an answer to those who make light of the sacrifices which missionary life in far off countries implies.

It aims first at defining more exactly and scientifically than it has been done hitherto the influence that certain conditions of place and environment have on the organic resistance of non-indigenous inhabitants; and secondly, at starting a study of methods and means to reduce the rate of mortality among the Missionaries.

On the basis of data obtained from different missionary institutions, from life-tables and demographic statistics, we gather that the mortality among missionaries surpasses that of contemporary Europeans or Americans either at home or living in oversea countries, and even that of the indigenous population.

A comparison is instituted between the average *actual* length of life of Missionaries and the *theoretical, i. e.,* the length of life of their contemporary countrymen: the life of Missionaries is shortened on an average by 14 years.

Excepting the South African Union and the Northern Colonies, Africa is still for us *the dark continent,* and has not reached yet that high degree of civilization which we find in Asia: this affects unfavorably the life of Missionaries. Thus while the life of Missionaries in Asia is shortened by 11½ years, the life of missionaries in Africa is shortened by 16½ years.

We are surprised to find that the average length of life among Missionaries is very little determined by the kind of disease that brings about their death.

Considering the backward state of hygiene and medical attendance * in missionary countries, we understand how any disease may prove very dangerous. Moreover the constitution of missionaries is as a rule so weakened as not to be able to offer sufficient resistance to disease.

From a comparison between the Temperate and the Tropical Zone the reader is surprised to find that the average age of Missionaries who die in Tropical and Sub-Tropical countries is longer than in Temperate. This is explained by the fact that if the Tropical climate exerts a deleterious action, the condition of life in the Temperate Zone are worse. Here medical assistance is often nil; this has much influence on the life of our Missionaries.

The book shows that in countries where the hygienic and sanitary organization is so primitive that the missionaries cannot get even the simplest medical assistance, the average age of existence is lower than in countries where the Missionary has been assisted by a physician in his last illness. In the former the life of Missionaries is shortened by 19 years, in the latter by 11 years only.

All that has been said is confirmed by an analysis of two among the most important contagious diseases: *tuberculosis* and *abdominal typhus,* and two among the most important constitutional maladies—heart and blood-vessel diseases and malignant tumors. Such diseases act at different periods of life: we might call the first two diseases of youth, the others of old age. Statistics prove that Missionaries suffering from such diseases have their life shortened by 15 percent more than is the case with persons suffering from the same diseases at home.

Lastly a diagram tabulates deaths brought about by violent and accidental causes. Only 5 percent of the Missionaries meet with such a death. Rightly do the authors end by saying that our Missionaries ordinarily witness to their Faith not by shedding their blood in the heroism of a moment or of an hour, but by their readiness to sacrifice their life and health every day, in remote regions of the earth, in unhealthy climates, among poor and despised people.

"The Week" (Calcutta).

* We learn, for instance, that Fr. John J. Monahan, S. J., who died in Manila on the 8th of May, 1926, was obliged in his last illness, to travel 800 miles to seek medical aid.

THE SOCIETY ABROAD

(*Continued from page* 6)

borhood. And so anxious were they to be in time, that many sat waiting at 7 p. m. on the verandah. They had a very good time though. They put on the light, built themselves a fire with our wood, and sang and talked and laughed and said parts of the rosary. The chapel was crowded. Several mothers brought babies in arms. Everybody was very reverent and stayed for three Masses. There were quite a number of self-appointed Masters of Ceremony, and dare any one look away from the altar, his head was smartly twisted around. After Mass they received buns and tea much to their delight.

Sister Agnes Marie's trunk left the U. S. A. with a homemade Christmas cake in it and our Missionaries had their hearts' desire to be on the Mission field, so there was no reason for us at home to worry about them. One who has been a lone missionary sees more and more what an advantage it is to belong to a 'family.'"

By next month we hope to have news about the actual starting of the work.

LEAGUE OF GRATITUDE

Affiliated With the Society of Catholic Medical Missionaries

THE keynote of the League of Gratitude as its name implies is gratitude, a real and profound sense of gratitude for the gifts of Faith and Health with which God has blessed us and which prompts us to bring these gifts to the inhabitants of Mission Countries, who are the victims of disease and much suffering.

Members pledge themselves:

1. To offer thanks to God frequently for the gifts of Faith and Health and ask His blessing on the Medical Mission Apostolate.

2. To contribute towards this Apostolate through one of the Branches listed below:

Eucharistic Branch: To which belong Bishops and Priests who promise one or more Masses annually for the Medical Missionaries and members of the League.

Our Lady's Branch: Including Religious Brothers and Sisters who offer prayers for the Medical Missionaries and the members of the League.

St. Joseph's Branch: Those who contribute $500.00 or more to the works of the Society.

St. Luke's Branch: Those who contribute $100.00 to the same object, either in one donation or covering a period of years.

St. Anthony's Branch: Those who contribute $50.00 in one donation or covering a period of years.

Little Flower Branch: Those who contribute annually $1.00 or more to the works of the Society.

Junior Branch: Those students who contribute 10 cents.

In addition to the Masses and Prayers of the Members of the *League,* Benefactors are remembered daily at Holy Communion and in all the prayers and works of the Medical Missionaries.

He who soweth in blessings shall also reap of blessings. Everyone as he has determined in his heart, not with sadness or of necessity, for God loveth a cheerful giver. (*St. Paul, Lesson 2, Cor. 9 C.*)

With Ecclesiastical Approbation.

REASONS FOR GRATITUDE

"God beholds thee individually, whoever thou art. *He calls thee by thy name.* He sees thee and understands thee, as He made thee. He knows what is in thee, all thy own peculiar feelings and thoughts, thy dispositions and likings, thy strength and thy weakness. He views thee in thy day of rejoicing and in thy day of sorrow. He sympathizes in thy hopes and in thy temptations. He interests Himself in all thy anxieties and remembrances, all the risings and fallings of thy spirit. He has numbered the very hairs of thy head and the cubits by thy stature. He compasses thee round and bears thee in His arms: He takes thee up and sets thee down. He notes thy very countenance, whether smiling or in tears, whether healthful or sickly. He looks tenderly upon thy hands and thy feet: He hears thy voice, the beating of thy heart, and thy very breathing. Thou dost not love thyself better than He loves thee. Thou canst not shrink from pain more than He dislikes thy bearing it; and if He puts it on thee, it is as thou wilt put it upon thyself, if thou art wise, for a greater good afterwards. Thou art not only His creature (though for the very sparrows He has care, and pitied the *much cattle* of Nineveh), thou art man redeemed and sanctified, His adopted son, favored with a portion of that glory and blessedness which flows from Him everlastingly unto the Only-begotten. Thou art chosen to be His, even above thy fellows, who dwell in the East and the South. Thou wast one of those for whom Christ offered His last prayer and sealed it with His precious Blood." (*Newman, Parochial and Plain Sermons, vol. iii, Sermon ix,* A Particular Providence.)